Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/O		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
ISENTI ISATION NO		IDENTIFICATION NOMB	LN.	A. BUILDING		-		
NVN2906HIC				B. WING		12/21/2010		
NAME OF PROVIDER OR SUPPLIER			STREET ADD	RESS, CITY, STA	ATE. ZIP CODE	121	21/2010	
NAME OF TROVIDER OR SOFT EIER					,			
SACRED HEART RESIDENCE 2			448 DUGAN AVE SPARKS, NV 89431					
(X4) ID	PREFIX (EACH DEFICIENCY MUST BE PRECEDED B			ID	PROVIDER'S PLAN OF COR	S PLAN OF CORRECTION (X5) CTIVE ACTION SHOULD BE COMPLETE NCED TO THE APPROPRIATE DATE		
PREFIX TAG				PREFIX TAG	`			
17.0			,	17.0	DEFICIENCY)			
H 000	000 Initial Comments			H 000				
	This Statement of De	eficiencies was generate	ed as					
		censure survey conduc						
		/10. This State Licensu						
	-	ed by authority of NAC 4						
		Residential Care, adop						
	by the State Board of	f Health on November 2	.9,					
	1999.							
	The findings and con	clusions of any investig	ation					
	•	, ,						
	by the Health Division shall not be construed as prohibiting any criminal or civil investigations,							
	actions or other claims for relief that may be		'					
	available to any party	under applicable feder	al,					
	state or local laws.							
	The consus at the tim	oo of the curvey was tw	^					
	Two resident files we	ne of the survey was tw	0.					
	employee files were							
	The following regulat	ory deficiencies were						
	identified:							
H 030	Safety&Sanitation-Ho	ome Clean; Hazard Fre	<u>م</u>	H 030				
	odioty dod mation in	one croan, nazara mo						
		uirements for safety and	d					
	sanitation of facility. (	NRS 449.249)						
	1. The interior and exterior of a home must be							
	clean and free of haz	ards and offensive odo	rs.					
	•	ot met as evidenced by:						
		n on 12/21/10, the inter	IOI, OI					
		ean (mold in grout near build-up on stove dials)						
	RIGHEH SHIR, GIEASE I	odiid-up on stove didis).						
H 050	Tuberculosis-Employ	rees		H 050				
	NAC 441A 375 Media	cal facilities, facilities fo	r the					
	dependent and homes for individual residential							

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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NAME OF PROVIDER OR SUPPLIER	•	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•			
SACRED HEART RESIDENCE 2		448 DUGAI	448 DUGAN AVE SPARKS, NV 89431					
PREFIX (EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
H 050 Continued From pag	0 Continued From page 1		H 050					
cases; surveillance a counseling and previous on sidered to have to facility or a facility for managed in accorda Centers for Disease adopted by reference subsection 1 of NAC 2. A medical facility, a home for individua maintain surveillance or home for tubercule infection. The surveil conducted in accordance recommendations of Control and Preventi transmission of tuber health care set forth Centers for Disease adopted by reference subsection 1 of NAC 3. Before initial empling a medical facility, a home for individua a:  (a) Physical examinal licensed physician the good health, is free for any other communic stage; and (b) Tuberculosis screep receding 12 months history of bacillus Cavaccination.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment.  1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.  2. A medical facility, a facility for the dependent a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providin health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.  3. Before initial employment, a person employer in a medical facility, a facility for the dependent of a home for individual residential care shall have as a:  (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and  (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step							

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SACRED HEART RESIDENCE 2  448 DUGAN AVE SPARKS, NV 89431		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		
single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.  4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.  5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.  6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.  7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis or a positive tuberculosis or a positive tuberculosis or a positive typerculosis and prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.  7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis or a positive tuberculosis creening test shall report promptly to the infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.  (Added to NAC by Bd. of Health, eff. 1-24-92; A		

		(X1) PROVIDER/SUPPLIER/O	ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED  12/21/2010		
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NVN2906HIC				B. WING				
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H 050	Continued From page	e 3		H 050				
	3-28-96; R084-06, 7-14-2006)  This Regulation is not met as evidenced by: Based on record review and interview on 12/21/10, the facility failed to ensure that 2 of 4 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #1 and #2 - documentation of positive skin test - results were negative in 2009).							
			of 4 ee #1					
H 065	Employee Backgroun	nd Check Requirements	3	H 065				
	NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency, facility or home.  1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care shall:  (a) Obtain a written statement from the employee or independent contractor stating whether he or she has been convicted of any crime listed in NPS 449 188		nn 2, on 2,					
	she has been convicted of any crime listed in NRS 449.188.  (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a);  (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of							

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED	
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Continued From page 4  Criminal History for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (c).  2. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, a racility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his or her criminal history has been conducted by the Central Repository for Nevada Records of Criminal History within the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449, 188.  3. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, an agency or facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall:  (a) If the agency, facility or home does not have the fingerprints of the employee or independent contractor (b) Obtain written authorization from the employee or independent contractor (c) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to		

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SACRED I	HEART RESIDENCE 2		448 DUGAN SPARKS, NV				
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H 065	for its report; and (c) Submit the fingerp Repository for Nevada History.  4. Upon receiving fing to this section, the Ce Records of Criminal I- whether the employed has been convicted of 449.188 and immedia Division and the admit licensed to operate, that which the person w or independent contra such a crime.  5. The Central Repos Criminal History may agency, a facility or a fingerprints pursuant of facility or home may r or independent contra of the fee imposed by the agency, facility or	Central Repository for riminal History for deral Bureau of Investigations to the Central a Records of Criminal desprints submitted pursuantral Repository for New History shall determine to or independent contral a crime listed in NRS ately inform the Health nistrator of, or the persuant a gency, facility or how whether the employers whether the employers a fee upon an home that submits to this section for the envestigation. The age ecover from the employers the dent contractor to pay for posed by the Central ow the employee or or to pay the amount	suant vada actor on ome oyee ed of ds of ency, yee e-half // If	H 065			

Bureau of Health Care Quality and Compliance

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SACRED HEART RESIDENCE 2 SPARKS, NV 89431  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X	·			STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	12/2			
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H 065 Continued From page 6 H 065	H 065	Continued From page 6		H 065						
This Regulation is not met as evidenced by: Based on record review on 12/21/10 the facility failed to ensure 2 of 4 employees complied with background check requirements per NRS 449.176 (Employee #1 and Employee #2 were both missing FBI background check reports).		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 6  This Regulation is not met as evidenced by: Based on record review on 12/21/10 the facility failed to ensure 2 of 4 employees complied with background check requirements per NRS 449.176 (Employee #1 and Employee #2 were		ility with ere						

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